

# MULTIPLE DEPENDENT CLAIM

## FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576267

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		0		0		/
7		/		/		/
8		/		/		/
9		/		/		/
10		/		/		/
11		/		/		/
12		0		/		/
13		0		/		/
14		0		/		/
15		0		/		/
16		0		/		/
17		0		/		/
18		0		/		/
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47						/
48						/
49						/
50						/
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	21	←	15	←	20	←
TOTAL CLAIMS	22		16		21	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						